

State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14) 2006 NO -9 AHII: 19

(CFA-4) Summary Sheet

FILE NUMBER

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENTS

TOTAL PAGES IN ENTIRE CFA-4 REPORT

| IS THIS AN AMENDMENT? Tes W No | 63 a 2 | 10 | BE SENET SHIT CHILDRE |
|--|------------------------|---------------------------------------|---------------------------|
| COMMITTEE INFORMATION | | Ten established | |
| Full Name of Committee (as on Statement of Organization) Check if this is a new | w name | RUCTIONS FOR S | SPECIAL INST |
| _ 11 11 0 0 1 0 | ncil | ANDIDATES AND | 6 |
| Acronym or Abbreviated Name (if any) | | ee Telephone Number | UION MATREO |
| Exitor. | (317 | 1846-0 | 152 |
| 4. Mailing Address (address where all campaign finance correspondence is received) 11256 Wood Creek Dr. | Check if this is | a new address | on maked aron than \$5 |
| 5. City, State, ZIP Code Carmel, IN 46033 | - | filiation (if applicable) mocratic | nohang |
| CANDIDATE INFORMATION (For Candidate's | | | |
| 7. Full Name of Candidate (include any nickname) Robert (Bob) Dale Threlkeld | | filiation or If Independent | |
| 9. Office Sought (Include district number, if any. Not required for exploratory committee.) Hamilton County Council District 1 | 10. County | Hamilton | NE AMERICANE |
| TYPE OF REPORT | | CONVENTIO | N CANDIDATES ONLY |
| 11. Check one: West and the second of the se | | Check one: | regalization (Form CFA-1) |
| Pre-Primary Pre-Election Annual Nomination Other | | Pre-Conv | |
| Final/Disbands Committee (lines 18, 19, and 20 must be 107) Utgoing Treasurer (within 10 days amend Statement | nt of Organization) | Post-Cor | ention |
| 12. Reporting Period: From: Oct. 14, 2006 Through: Nov. 8, 200 | 6 | COLUMN A This Period | COLUMN B Year to Date |
| 13. Cash on hand and investments at the beginning of this reporting period. | quertos IA (un | 0 | DECEMBER 1 |
| 14. Cash on hand and investments January 1, current year. | A something | | 0 |
| CONTRIBUTIONS AND RECEIPTS | | | |
| (Note: these amounts include in-kind contributions and loans, as well as cash contributions.) | | | |
| 15a. Itemized (use Schedule A) | | 0 | 00 00 |
| 15b. Unitemized | | 0 | 92.07 |
| 15c. Add lines 15a and 15b in both columns SU | BTOTAL | 0 | 92.07 |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B | TOTAL | 0 | 92.07 |
| EXPENDITURES | | | |
| (Note: These amounts include in-kind expenditures and loan repayments.) | a to steed | | |
| 17a. Itemized (use Schedule B) (Public Question: use Schedule C) | and the state of the | 0 | 0 |
| 17b. Unitemized | on' rate les | 0 | 92.07 |
| and the second s | UBTOTAL | 0 | 42.07 |
| 18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns) | TOTAL | 0 | 0 0 |
| 19. Debts OWED BY the committee (use Schedule D) | control by the c | None | |
| 20. Debts OWED TO the committee (use Schedule E) | EXE PART | None | Marchael Charles |
| CERTIFICATION | NAME OF TAXABLE PARTY. | | FOR OFFICE USE ONLY |

Signature on File

11

**ANNING. Any shormation contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-0) A person who knowingly files a fraudulent report commits a Class D felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor. (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16. IC 3-9-4-17, IC 3-9-4-18)



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

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| Page _ | 2 | _ of _ | 10 | _ |

| CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code) | TYPE OF CONTRIBUTION OR OTHER RECEIPT | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE RECEIVED RECEIVED BY |
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| | Other Receipts: | (such as yard) | service provide | TO SOUD OF SOURCE OF SOURC |
| Contributor's Occupation (if required) | | | balled probability | ten sidt for this rec |
| are, including in-land, transfers-in, or other . I | Contributions: Direct In-Kind (describe) | TO-DATE: Ene | ILATIVE YEAR | JANO E VIMU, IV nebrioliso Algii |
| | Other Receipts: | or year, the enti- t, day, and year he check or mo | ensise for ease to thom error and the consociation | the first report E RECEIVED data the corre |
| Contributor's Occupation (if required) | O SCHOOL HOUNG DEMOCRA | an eminimoral top | ST. LIC TABLES, IN | |
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| ummary Lheet | gum on ITEM 15a of the S | Also enter this I | on Schedule A | enag lia to thu |
| Contributor's Occupation (if required)5. | Contributions: | | | |
| | Other Receipts: Interest Loan Misc. (specify) | | | |
| Contributor's Occupation (if required) | | | | |
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State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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| | CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code) | TYPE OF CONTRIBUTION OR OTHER RECEIPT | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE RECEIVED RECEIVED BY |
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| | | Other Receipts: Interest Loan Misc. (specify) | | | |
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State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-3) CONTRIBUTIONS BY LABOR ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from labor organizations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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| | CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code) | TYPE OF CONTRIBUTION OR OTHER RECEIPT | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE RECEIVED RECEIVED BY |
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| 5. | | Contributions: Direct In-Kind (describe) | | | |
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State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from political action committees OVER \$100 per contribution, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfersion and in-kind contributions regardless of amount from political action committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year. MUST be itemized on this schedule (over \$200 if regular party committee).

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| | CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code) | TYPE OF CONTRIBUTION OR OTHER RECEIPT | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE RECEIVED RECEIVED BY |
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| | ne as the ent y in Column A. Ived. For one is and money orders indicate e's account. HOT the date it was written or neoceiled in the committee's account. HOT | ☐ Interest ☐ Loan ☐ Misc. (specify) | dar year, the en th, day, and yea the check or th | om edited mo | the first report TE RECEIVED date the com- |
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| | | Other Receipts: Interest Loan Misc. (specify) | | | |
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State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from candidate's, legislative caucus, and regular party committee MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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| | CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS | TYPE OF CONTRIBUTION OR OTHER RECEIPT | COLUMN A AMOUNT THIS | COLUMN B | DATE RECEIVED RECEIVED BY |
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State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

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| RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code) | RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable) | TYPE OF EXPENDITURE and PURPOSE (be specific) | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE OF EXPENDITURE |
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State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. All cumulative expenses or transfers-out, repartless of

(CFA-4 SCHEDULE C) ITEMIZED EXPENDITURES For Public Questions

| ompleting this schedule, see instructions on the reverse mount paid to political committees supporting or opposing | side. All cumulative expenses or | transfers-out, regardless of | TOTAL STREET | FILE NUMBER | |
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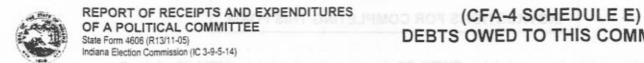
State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE D) DEBTS OWED BY THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED BY the committee during the reporting period, include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

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| CREDITOR'S OR LENDER'S NAME | ENDORSER'S OR VENDOR'S | AMOUNT | DATE DEBT | CUMULATIVE PAID | OUTSTANDING BALANCE THIS |
|--|---|--|--------------------------------------|--------------------------------------|---------------------------------|
| & MAILING ADDRESS (street, number, city, state, ZIP code) | NAME & MAILING ADDRESS (if any) (street, number, city, state, ZIP code) | NATURE OF DEBT | INCURRED | YEAR-TO-DATE | PERIOD |
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DEBTS OWED TO THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED TO the committee during the reporting period. Include all amounts the committee has loaned to others.

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